

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §

PLAINTIFFS §

v. §

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS §

CIVIL ACTION NO.
4:14-cv-3253
JURY DEMAND

**PLAINTIFFS' CONSOLIDATED RESPONSE TO DEFENDANTS' MOTIONS
TO STRIKE SUMMARY JUDGMENT EVIDENCE**

Exhibit O

AFFIDAVIT

THE STATE OF TEXAS ()
 ()
COUNTY OF WALKER ()

BEFORE ME, the undersigned authority, on this day personally appeared Lisa Lopez, who after being by me duly sworn, deposed and stated as follows:

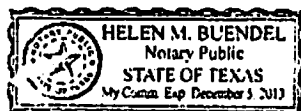
My name is Lisa Lopez. I am over twenty-one years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated.

I am employed as the ASSISTANT DIRECTOR HEALTH INFORMATION MANAGEMENT, for the UTMB Managed Care, Texas Department of Criminal Justice, and my office is located in Huntsville, Texas. I do hereby certify that I am the Custodian of Death Records maintained in the regular course of business on each and every inmate who dies while incarcerated in the Texas Department of Criminal Justice-Institutional Division. I have examined the Health Services Archives files pertaining to offender **WHITE, ARCHIE TDCJ # 536796**, and found that said files contains the requested information, that being the Autopsy report for said offender.

I swear under penalty of perjury that the foregoing is true and correct.
Executed on November 8, 2013

Signature
Lisa Lopez-RHIA-ASSISTANT
Director of Health Information Management
UTMB Managed Care/TDCJ-ID
Huntsville, Texas 77320

SWORN TO AND SUBSCRIBED BEFORE ME on this the day of November 8, 2013, by the said Lisa Lopez, to certify which witnesses my hand and seal of office.



Notary Public in and for the State Texas

Printed Name of Notary Public

Lubbock County Medical Examiner's Office

3502 9th Street, Suite 390
Lubbock, Texas 79415

ENH (V)

AUTOPSY REPORT

Name: Archie White Case No: FA-8426
Approximate Age: 48 years Sex: Male
Height: 69 inches Weight: 224 pounds
Autopsy Authorized By: Marlon A. Smith, Justice of the Peace, Jones County, Texas

dx- 6-29-98
536776

I, hereby certify that on the 30th day of June 1998, beginning at 0830 hours, I, Glen R. Gruben, M.D., performed an autopsy on the body of Archie White at the Lubbock County Medical Examiner's Office in Lubbock, Texas and upon investigation of the essential facts concerning the circumstances of the death and history of the case, I am of the opinion that the findings, cause and manner of death are as follows:

FINDINGS:

- I. Exogenous hyperthermia:
 - A. Elevated core body temperature (104 degrees rectal).
 - B. No medical disease to explain this death.
 - C. No injuries.
- II. No assault-type or lethal injuries.
- III. Generalized organ congestion.

8/19/98 COPIED
AND MAILED
D.A. LUTHER
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ITA

TOXICOLOGY:

Drugs of Abuse Screen	
Urine tricyclic antidepressants	Positive
FPJA Screen	
Blood salicylate	Quantity not sufficient

Continued on next page

FA-8426
Archie White

Common Basic Screen

Blood amitriptyline	Negative
Blood nortriptyline	Negative
Blood doxepin	Negative
Blood desipramine	Negative
Blood imipramine	Negative

Quantitative Tests

Blood alcohol, ethyl	Negative
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Other Tests

Urine acetaminophen	Negative
Vitreous electrolytes	See attached report

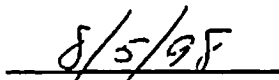
COMMENT: This 48 year old male died from complications of an elevated core body temperature (heat stroke). According to his medical records and investigation, he was being transported in a van when he became unresponsive. According to records, his body temperature was 104 degrees at 1700. This temperature was reportedly an axillary temperature, not rectal. He was then transferred to the Hendrick Medical Center where his temperature was 104 degrees by rectal measurement at 1811. Toxicology was negative and vitreous electrolytes showed a normal postmortem pattern. The electrolyte studies were performed on postmortem vitreous samples which gives a distorted view as the decedent received fluids prior to death. The only other electrolytes found were performed at 1830 on 6-29-98, which also were done after fluids were given. These fluids would have distorted a pattern of dehydration that may have existed at the time of collapse.

In the absence of medical diseases or trauma, the cause of death is due to a prolonged elevated core body temperature (exogenous hyperthermia).

CAUSE OF DEATH: Exogenous Hyperthermia.

MANNER OF DEATH: To be determined by the Justice of the Peace.


Glen R. Groben, M.D.


Date

06 FA-8426
Archie White

GROSS ANATOMIC DESCRIPTION

I. CLOTHING AND PERSONAL ITEMS: None.

II. MEDICAL INTERVENTION:

1. plastic airway in the nose
2. tracheostomy tube that was in the proper position
3. Foley catheter
4. IV catheter in the back of the right hand
5. pacer pads and EKG pads over the anterior chest and left flank
6. bandage over a 1-1/4 inch sutured incision over the anterior surface of the left ankle

III. EXTERNAL BODY EXAMINATION: The body is that of a normally developed, adult black male appearing the stated age of 48 years with a body length of 69 inches and body weight of 224 pounds. Body presents with heavy build and good preservation. Rigor is complete. Lividity is dark and posterior. Body is cold to touch post refrigeration. The head is covered by short black hair intermixed with gray. There is stubble for a mustache and beard. The irides are brown. The conjunctivae are congested, but there are no bulbar or palpebral conjunctival petechial hemorrhages. Nasal cavities are unremarkable with intact septum. Oral cavity is intact and without injury. Teeth are natural and in fair repair, although there are two upper central incisors and one of the left bicuspid missing. Ears are unremarkable with no hemorrhage in the external auditory canals. Neck is rigid due to postmortem changes and there are no palpable masses or acute injuries. Chest, back and abdomen are without acute injury. Abdomen is protrudent. Upper and lower extremities are equal and symmetrical and there are no acute injuries. The hands are without injury. External genitalia present with normal uncircumcised male with two descended testes. There are no injuries. The anus is intact and without injury.

IV. SCARS AND TATTOOS: None identified other than small irregular scars over the anterior surface of both lower extremities.

V. INTERNAL EXAMINATION: A Y-shaped thoraco-abdominal incision is made and the organs are examined in situ and eviscerated in the usual fashion. The subcutaneous fat is normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

1. SEROUS CAVITIES: The chest wall is intact without rib, sternal or clavicular fractures. The pleura and peritoneum are congested, smooth, glistening and essentially dry, devoid of adhesions or effusion. There is no scoliosis, kyphosis or lordosis present. The left and right diaphragms are in their normal location and appear grossly unremarkable. Pericardial sac is intact,

01 FA-8426
Archie White

smooth, glistening and contains normal amounts of serous fluid.

2. **CARDIOVASCULAR SYSTEM:** The heart weighs 389 grams. The aorta, pulmonary artery and coronary arteries arise and course normally. The coronary arteries show little atherosclerotic change. Left ventricular wall thickness is 1.5 cms and shows no evidence of scarring or recent infarction. Cardiac valves are thin and pliable and there are no vegetations. The aorta is intact along its length and shows a few uncomplicated plaques along the abdominal aorta.

3. **PULMONARY SYSTEM:** The neck presents an intact hyoid bone as well as thyroid and cricoid cartilages. The larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by smooth, glistening membrane. The epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. The trachea and spine are in the midline presenting no traumatic injuries or pathological lesions.

The right and left lungs weigh 790 and 751 grams, respectively. The pleural surfaces are smooth and show anthracotic change. The lung parenchyma is congested, although there are no areas of consolidation or mass lesions. The trachea and main bronchi are intact along their length, other than the tracheostomy incisions. The trachea is lined by a thin film of blood secondary to the incision. Otherwise, the trachea and main bronchi are widely patent and show no mucous plugging or foreign debris. There are no pulmonary thrombo-emboli.

4. **GASTROINTESTINAL SYSTEM:** The esophagus is intact with normal gastro-esophageal junction and without erosions or varices. The stomach is also normal without gastritis or ulcers. The stomach contains approximately 100 cc of thin liquid containing food particles resembling dark meat and unidentifiable vegetable matter. Loops of small and large bowel appear grossly unremarkable. The appendix is absent. There is no hemorrhage within the mesentery or along the serosal surface of the small and large bowel. The ligament of Treitz and falciform ligaments are intact.

The liver weighs 2090 grams. The capsule is intact. The parenchyma is congested. There are no mass lesions. The gallbladder contained about 15 cc of greenish bile. There is no cholecystitis or cholelithiasis. The biliary tree is patent. The pancreas presents a lobulated, yellow cut surface without acute or chronic pancreatitis.

5. **GENITOURINARY SYSTEM:** The left and right kidneys weigh 367 grams, combined. The capsules strip with ease and the cortical surfaces are smooth, brown, glistening and very congested. On sectioning, the cortex presents a normal thickness above the medulla. The renal columns of Bertin extend between the well demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size.

06 FA-8426
Archie White

and lined by gray, glistening mucosa. There are no calculi. Renal arteries and veins are normal.

The ureters are of normal caliber lying in their course within the retro peritoneum and draining into an unremarkable urinary bladder devoid of urine. There was urine in the Foley bag. External genitalia present an uncircumcised penis without hypospadias, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac and on palpation abnormal masses or hernias are not present. The prostate is of normal size and shape and sectioning presents normal two lateral lobes with median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

6. **HEMATOPOIETIC SYSTEM:** The spleen weighs 163 grams presenting a gray, smooth capsule and on sectioning reveals a reddish-brown soft splenic pulp. There is no lymphadenopathy.

7. **ENDOCRINE SYSTEM:** The thyroid gland is of normal size and shape presenting two well-defined lobes with connecting isthmus and a beefy brown cut surface. There are no goitrous changes or adenomas present. The adrenal glands are of normal size and shape, and sectioning presents no gross pathological lesions. The pituitary gland is encased within an intact sella turcica and presents no gross pathological lesions.

8. **CENTRAL NERVOUS SYSTEM:** A scalp incision, craniotomy and evacuation of the brain are carried out in the usual fashion.

The scalp is intact without contusions or lacerations. The calvarium is likewise intact without bony abnormalities or fractures.

The brain weighs 1382 grams presenting without congestion of the leptomeninges. The overlying dura is intact and unremarkable. There is no epidural, subdural or subarachnoid hemorrhage. The cerebral hemispheres reveal a normal gyral pattern without evidence of edema. The brainstem and cerebelli are intact. There is no evidence of cerebellar tonsillar notching. The Circle of Willis is patent presenting no evidence of thrombosis or berry aneurysm. Coronal sections reveal a normal gray-white junction without hemorrhages or contusions. The intraventricular spaces contain only clear fluid. There are no mass lesions.

9. **MICROSCOPIC EXAMINATION:**

Heart: no scarring and no inflammatory infiltrate; there is no evidence of acute infarction or subendocardial hemorrhage.

Lungs: congestion and pulmonary edema.

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Archie White

Liver: mild fatty infiltration and an increased number of lymphocytes within the portal tracts; the inflammation is limited to the portal tracts and there is no evidence of piecemeal necrosis.

Spleen, pancreas and thyroid: within normal limits.

Brain: no hemorrhages or inflammatory infiltrate; there are no anoxic changes; the meninges are thin and free of inflammation.

SPECIMENS AND EVIDENCE COLLECTED

1. admission blood, 60 ml of femoral vein blood, bile, urine, vitreous, liver and gastric
2. representative tissue sections include: heart, lungs, liver, kidney, adrenal, thyroid, coronary arteries, pancreas and spleen; remaining sections are retained at the Lubbock County Medical Examiner's Office
3. photographs are taken and retained by this office

GRG:lr

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §

PLAINTIFFS

V.

BRAD LIVINGSTON, JEFF PRINGLE, §
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UNIVERSITY OF TEXAS MEDICAL §
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CRIMINAL JUSTICE. §

DEFENDANTS

CIVIL ACTION NO.
4:14-cv-3253
JURY DEMAND

**PLAINTIFFS' CONSOLIDATED RESPONSE TO DEFENDANTS' MOTIONS
TO STRIKE SUMMARY JUDGMENT EVIDENCE**

Exhibit P

AFFIDAVIT

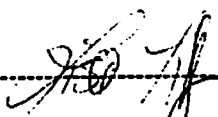
THE STATE OF TEXAS ()
 ()
COUNTY OF WALKER ()

BEFORE ME, the undersigned authority, on this day personally appeared Lisa Lopez, who after being by me duly sworn, deposed and stated as follows:

My name is Lisa Lopez. I am over twenty-one years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated.

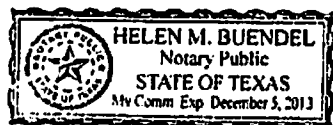
I am employed as the ASSISTANT DIRECTOR HEALTH INFORMATION MANAGEMENT, for the UTMB Managed Care, Texas Department of Criminal Justice, and my office is located in Huntsville, Texas. I do hereby certify that I am the Custodian of Death Records maintained in the regular course of business on each and every inmate who dies while incarcerated in the Texas Department of Criminal Justice-Institutional Division. I have examined the Health Services Archives files pertaining to offender **Lopez, Anselmo TDCJ # 533894**, and found that said files contains the requested information, that being the Autopsy report for said offender.


I swear under penalty of perjury that the foregoing is true and correct.
Executed on November 8, 2013



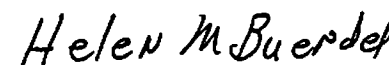
Signature
Lisa Lopez-RHIA-ASSISTANT
Director of Health Information Management
UTMB Managed Care/TDCJ-ID
Huntsville, Texas 77320

SWORN TO AND SUBSCRIBED BEFORE ME on this the day of November 8, 2013, by the said Lisa Lopez, to certify which witnesses my hand and seal of office.





Notary Public in and for the State Texas



Printed Name of Notary Public

SENT BY:
NIRALY 7/1

2-28-70 11:17PM TDCJ-ID MEDICAL WHE-

: 2

Patient Account: 10002331-110
 Med. Rec. No.: (0150)9011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: S
 Admitting Dr.:
 Answering Dr.: AUTOPSY SERVICE
 Date/Time Admitted: 07/14/98 2041
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77558-0843
 (409) 772-1234
 Fax (409) 772-3693
Pathology Report

EC

(V)

53 38 94



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: EASTHAM UNIT
 Date/Time of Death: 07/14/98 16:30 Date/Time of Autopsy: 07/15/98 10:30
 Pathologist/Resident: ADEGBOYEGA/SYED Service: OUTSIDE TDCJ
 Restriction: NONE

FINAL AUTOPSY DIAGNOSIS

- | | |
|--|----|
| I. Body as a whole: Probable hyperthermia (heat exposure). | C2 |
| A. Whole body: Terminal Episode of seizure. | A1 |
| 1. Tongue: Bite marks with subjacent hematoma. | A4 |
| 2. Gastrointestinal tract: Fecal incontinence. | A4 |
| 3. Scalp, left temporal region: Subcutaneous hematomas. | A4 |
| II. Other findings: | |
| A. Liver: Passive congestion. | A5 |
| B. Spleen: Congestion. | A5 |
| C. Lungs, bilateral: Passive congestion. | A5 |
| D. Kidneys: Horse-shoe shaped (congenital anomaly). | A5 |
| E. Prostrate: Nodular hypertrophy. | A5 |
| 1. Urinary bladder: Dilatation | A5 |

9/17/98 - COPIED
 AND MAILED AS

① Dr. L. N. Williams
 ② Doc
 ③ JPD

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental***

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: .
 Printed Date/Time: 09/01/98 - 1351

Page: 1

Continued...

0001 00

2-00-70 11:17PM TDCJ=TO MEDICAL WBS=

00 2

Patient Account: 20002537-770
Med. Rec. No.: (0150)0011172
Patient Name: LOPEZ, ANSELMO
Age: 41 YRS DOB: 04/07/57 Sex: M Race: S
Admitting Dr.:
Attending Dr.: AUTOPSY SERVICE
Date/Time Admitted: 07/14/98 2041
Copies to:

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University of Texas Medical Branch
Galveston, Texas 77558-0543
(409) 772-1336
Fax (409) 772-5883
Pathology Report



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

CLINICAL SUMMARY:

The decedent was a 41-year-old TDCJ inmate, who was found dead in his cell, at 4:00 p.m. on 07/14/98. He was found lying on the left side, with frothy blood in the nostrils. No evidence of struggle or external injury was found. His previous medical history was not known. A complete autopsy was performed approximately 20 hours after his death.

SS /EJ
07/15/98

Patient Name: LOPEZ, ANSELMO
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/01/98 - 1351

Page: 2

Continued....

SENT BY:

2-68-70 11:18PM TUCU-10 MEDICAL WMS-

1# 4

Patient Account: 20002537-770
 Med. Rec. No.: (0150)8011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: S
 Submitting Dr.:
 Attending Dr.: AUTOPSY SERVICE
 Date / Time Autopsied: 07/14/98 2041
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1236
 Fax (409) 772-5683
Pathology Report



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a middle-aged Hispanic male, who is well nourished and well developed, measuring 168cm. in length and 60kg. in weight. There is rigor mortis present in the extremities and there is fixed dependent lividity on the left. The head is normocephalic with short, black and scalp hair. The irides are brown with equal pupils measuring 6 mm in diameter. The nares are patent with frothy blood oozing. Teeth are normal, buccal membranes are normal, have blood in it, and do not have any lesions. There is normal male pattern of hair distribution. The chest is normal shaped. The abdomen is scaphoid. The genitalia are those of a normal uncircumcised male. There are multiple tattoos. One consist of an Indian female face, present on the right upper chest, right forearm inner aspect has a cobra tattoo, left forearm has a love sign tattoo. There are old needle marks in both antecubital fossa. The legs were inverted. There are also multiple scars on the right hand two of them over the elbow and two over the right hand posterior aspect. Fecal matter is present over the anal region.

INTERNAL EXAMINATION: The body is opened using a standard Y incision and reveals 5 cm thick panniculus and the thoracic and abdominal organs are in the normal anatomic positions. The left pleural cavity contains 60ml of serosanguinous fluid, the right pleural cavity contains 40ml of sero-sanguinous fluid. Both the lungs are dark red-brown. The pericardial sac contains 20ml of serosanguinous fluid. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid. There are no adhesions between loops of bowel. There are multiple subcutaneous hematomas ranging from 0.5 to 6cm in largest diameter over the left temporal area.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 330gm. It is normal in size and shape. The pericardium is smooth, glistening and translucent. Fresh sections stained with TTC show no acute lesions. The remaining myocardium is homogeneous red-brown. The endocardium is smooth, glistening and translucent. The left ventricular wall is 1.3 cm thick at the junction of the posterior papillary muscle and free wall and the right ventricle wall is 0.4 cm thick, 2cm below the pulmonic valve annulus anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumference measured on the fresh heart are tricuspid valve 12.8cm, pulmonic valve 8.5cm, mitral valve 9.5cm, and aortic valve 8cm. The foramen ovale is closed.

Blood Vessels: The coronary circulation is right dominant. The apex is supplied by the posterior descending coronary artery. The left main coronary artery has mild atherosclerosis with about 10% stenosis of the lumen. The aorta is not atherosclerotic. The celiac, superior and inferior mesenteric arteries are normal. The superior and inferior vena cavae and their branches are normal in configuration with no external compression and are not distended with blood.

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 09/01/98 - 1351

Page: 3

continued....

SENT BY:

2-8-70 11:19PM TDCJ-10 MEDICAL WHSE

5

Patient Account: 20002537-770
 Med. Rec. No.: (0150)9011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 04/07/37 Sex: M Race: S
 Admitting Dr.:
 Attending Dr.: AUTOPSY SERVICE
 Date / Time Admitted: 07/14/98 2041
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0843
 (409) 772-1238
 Fax (409) 772-5883
Pathology Report



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00236

GROSS DESCRIPTION:

RESPIRATORY SYSTEM: Larynx and Trachea: The laryngeal mucosa is smooth, glistening and mildly congested and the vocal cords are unremarkable. There are no foreign materials in the larynx or trachea. The tracheal mucosa is pink, smooth and glistening.

Lungs: The combined weight of the lungs is 1350gm. Both lungs are dissected fresh without infiltration with formalin solution. No areas of consolidation or cavitation was seen. There were no emphysematous changes. The lungs cuts with a non-gritty sensation. Hilal dissection reveals the bronchial and pulmonary trees to be of normal configuration, and without lesions. The hilal nodes are not significantly enlarged.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan-white, smooth. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is removed and shows a finely granular surface with no coating. One-quarter has multiple bite marks with a subadjacent 1 cm hematoma at the tip of the tongue.

Stomach and duodenum: The stomach contains grayish-white fluid with no food particles. The wall displays normal rugae and the mucosa is tan and smooth without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is also unremarkable. The pancreas has a normal configuration of the head and tail. It is gray, lobulated, firm and unremarkable. The pancreatic duct was patent.

Biliary tract: The gallbladder is present. The gallbladder serosa is gray-green and glistening. The gallbladder has no stones. The mucosa is green and velvety. The wall measures up to 2mm in thickness and unremarkable. The cystic duct, hepatic duct and common duct are patent and bile is expressed freely.

Liver: The liver weighs 1350gm. The Glisson's capsule is tan, shiny and smooth. The cut surface has a homogenous lobular pattern, cuts with ease and has evidence of passive congestion. The surface is red-brown, smooth and firm, and displays normal architecture.

Small bowel: The serosa is smooth, translucent with no adhesions. The bowel is not dilated. The bowel wall measures 2-3mm thick. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth, translucent with no adhesions. The bowel wall measures 2-3 mm thick. The mucosa is tan, glistening and has no lesions. The appendix is present and is not obstructed.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 190gm and the capsule is gray-blue, smooth without capsular fibrosis or infarcts. The spleen is soft and cut surface oozes blood. The parenchyma is dark red and smooth. The white pulp cannot be seen because of softness and dark red coloration. Granulomas

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 09/01/98 - 1351

Page: 4

Continued....

SENT BY:

: 2-8-70 : 11:20PM : TDCJ-ID MEDICAL WMS-

: 8 6

Patient Account: 20001537-1110
 Med. Rec. No.: (0130)0011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 06/07/57 Sex: M Race: S
 Admitting Dr.:
 Attending Dr.: AUTOPSY SERVICE
 Date/Time Admitted: 07/16/98 7041
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5883
Pathology Report

Autopsy Office (409)772-2859

Autopsy No.: AU-85-00236

GROSS DESCRIPTION:

are not present.

Lymph nodes: The lymph nodes in the mediastinum are black and soft. Other lymph nodes in the abdomen and retroperitoneum are unremarkable. The cut surface has no lesions.

Bone marrow: The rib bone marrow samples show apparently normal bone marrow. The bone marrow trabeculae and cortical bone are unremarkable.

GENITO-URINARY SYSTEM: **Kidneys:** There is congenital anomaly of the kidneys, called as horse-shoe kidney, with the lower poles being united. The right kidney has two accessory arteries. Both kidneys have normal external and cut surfaces. The cortex varies from 0.5 to 0.6cm in thickness, the medulla varies from 0.8 to 1.2cm in thickness. The renal pelvic mucosa is white, smooth and glistening with occasional fatty deposits. Perihilar adipose tissue is adequate. Weighs 370gm. The capsule strips with ease. The pelvi-calyceal system has minimal fat deposits.

Ureters: The ureters are unobstructed, measure 0.3 to 0.4 cm in maximal external diameter in the upper third with a tan, smooth, glistening mucosa. No periurethral fibrosis is noted. The distal ureters are probe patent into the bladder. The ureteral wall is 1mm thick.

Bladder: The bladder is not dilated and contains approximately 20ml of urine. The bladder wall is moderately trabeculated, with a thickness of 0.3-0.5cm. The mucosa is tan-white, smooth and glistening with occasional petechial hemorrhages. A post trigonal pouch is not present. The trigone appears unremarkable.

Prostate: It is white-tan, firm and smooth. The cut surface has a rather nodular architecture. The seminal vesicles are unremarkable.

Testes: The tunica albuginea is tan-white and glistening. The cut surface reveals a soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: **Thyroid:** weighs 13.2 gm and is red-brown, lobulated and glistening. The cut surface is homogenous, translucent and red-brown.

Adrenals: The adrenals have a normal configuration and position. Cut surface reveals a 2mm thick soft golden yellow cortex and gray soft medulla.

BRAIN AND SPINAL CORD: The brain weighs 1500gm. The gyri and sulci display a normal pattern without edema or atrophy. The meninges are normal. There is no evidence of injury or trauma. The circle of Willis, basilar and vertebral arteries show no evidence of atherosclerosis. No indentation of the cingulate gyri, uncus or molding of the cerebellar tonsils are noted. On serial sectioning (in the fresh state) no gross abnormalities are detected. The spinal cord was not removed.

PITUITARY GLAND: No gross abnormalities detected.

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 09/01/98 - 1351

Continued....

Page: 3

SENT BY:

2-28-70 11:20PM TDCJ-ID MEDICAL WHE-

7

Patient Account: 20002537-770
Med. Rec. No.: (0150)9011172
Patient Name: LOPEZ, ANSELMO
Age: 41 YRS DOB: 04/07/57 Sex: M Race: C
Admitting Dr.:
Attending Dr.: AUTOPSY SERVICE
Date/Time Admitted: 07/14/98 2041
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0547
(409) 772-1238
Fax (409) 772-5543
Pathology Report

UTMB AUTOPSY SERVICE
Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00238

GROSS DESCRIPTION:

During the autopsy blood, stomach contents, vitreous humor and urine were retained for potential examinations.

SS /AV
07/21/98

Patient Name: LOPEZ, ANSELMO
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/01/98 - 1351

Page: 6

SENT BY:

: 2-28-70 : 11:21PM : TDCJ-ID MEDICAL WHSE

: 8

Patient Account: 20002537-770
 Med. Rec. No.: (0150)9011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: M
 Admitting Dr.:
 Attending Dr.: AUTOPSY SERVICE
 Date / Time Admitted: 07/14/98 2041
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5643
Pathology Report



Autopsy Office (409) 772-2958

Autopsy No.: AU-98-00238

MICROSCOPIC DESCRIPTION:

SPLEEN, Slide 1 (1 H&E): Autolysis, most prominent in the red pulp. Occasional neutrophils are also seen within the red pulp. The white pulps are essentially within normal limits.

LIVER, Slide 2 (1 H&E): Mild steatosis otherwise no pathologic change.

HEART, LEFT VENTRICLE, Slide 3A (1 H&E): Focal subendocardial hyperaemia and waviness of the myocytes. There is also occasional hypertrophy of the myocardial fibers as evidenced by enlarged box-car nuclei.

TRACHEA, Slide 4A (1 H&E): Autolysis, otherwise no significant abnormalities detected.

LUNGS, RIGHT LOWER LOBE AND LEFT LOWER LOBE, Slides 5A & 6A (2 H&E): There is acute pulmonary congestion as evidenced by prominent presence of red blood cells in the interstitial spaces and the pulmonary vessels are dilated by blood. The wall of the vessels do not show evidence of chronic congestion. There is autolysis with postmortem microbial overgrowth (fungal hyphae).

ESOPHAGUS, Slide 7A (1 H&E): No pathologic changes.

PROSTATE, Slide 8A (1 H&E): Glandular hyperplasia. Autolysis is also noted.

SMALL BOWEL, ILEUM, Slide 9A (1 H&E): Marked mucosal autolysis, otherwise no pathologic changes.

KIDNEY, Slide 10A (1 H&E): Autolysis with postmortem microbial (fungal) overgrowth, otherwise no significant abnormalities detected.

SKELETAL MUSCLE, PECTORALIS MAJOR, Slide 11A (1 H&E): No significant abnormalities detected.

LABORATORY TESTS:

1. Vitreous humor electrolytes:

- a. Na = 141 mmol/L
- b. K = 9.5 mmol/L
- c. Cl = 120 mmol/L
- d. Glucose = 47 mg/mL
- e. Urea = 22 mg/dL
- f. Creatinine = 1.0 mg/dL
- g. CO2 = 5 mmol/L

2. Urine drug screen.

- a. Drugs of abuse: Negative.
- b. Acetaminophene: Negative.

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 09/01/98 - 1351

Page: 7

Continued

JENI DT.

2-68-70 11:22PM TDCJ-ID MEDICAL WHSE-

18 9

Patient Account: 20002537-770
Med. Rec. No.: (0150)9011172
Patient Name: LOPEZ, ANSELMO
Age: 41 YRS DOB: 04/07/57 Sex: M Race: S
Admitting Dr.:
Attending Dr.: AUTOPSY SERVICE
Date / Time Admitted: 07/14/98 2041
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77558-0543
(409) 772-1258
Fax (409) 772-2000
Pathology Report



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00238

MICROSCOPIC DESCRIPTION:

- c. Tricyclic antidepressants: Negative.
- 3. Blood drug screen.
 - a. Blood alcohol: Negative.
 - b. Blood salicylate: Negative.
- 4. Blood phenytoin level: Negative

SS /EJ
08/03/98

Patient Name: LOPEZ, ANSELMO
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/01/98 - 1351

Page: 8

Continued....

JURY 01

2-28-70 11:22PM TDCJ-ID MEDICAL WHSE

1210

Patient Account: 20002537-770
 Med. Rec. No.: (0150)0011172
 Patient Name: LOPEZ, ANSELMO
 Age: 41 YRS DOB: 04/07/57 Sex: M Race: G
 Admitting Dr.:
 Attending Dr.: AUTOPSY SERVICE
 Date / Time Admitted: 07/14/98 2041
 Copies to:

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 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5883
Pathology Report



Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00238

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 41 year old, hispanic TDCJ male inmate, who was found dead in his cell on 7/14/98. He was found lying on the left side, with frothy blood in his nostrils. No evidence of struggle or external injury was found. His previous medical history was not known. Autopsy revealed subcutaneous hematoma in the scalp and bite marks on the tongue with a subjacent hematoma. No additional evidence of trauma or injury was found. Fecal incontinence was also present. These findings are consistent with death secondary to a seizure disorder. Since the past medical history of this patient is not known, and also, considering the absence of evidence for anticonvulsant medications in the patient's blood, a diagnosis of epilepsy can not be made. Moreover, seizure can occur as a terminal event in other entities including alcoholism, brain tumors, drugs, infections, metabolic or idiopathic disorders.

One of the metabolic causes of seizures is hyperthermia which can occur with environmental heat exposure, malignant hyperthermia or drugs especially cocaine or phencyclidine intoxication. No evidence of drug abuse or intoxication was found in this patient. However, there was a history of exposure to high environmental temperatures. Consequences of heat stroke include dehydration, hypovolemic shock, cardiac arrhythmias, seizures and circulatory collapse.

Death associated with epilepsy or seizure disorders usually occur suddenly and unexpectedly and so the affected individuals are therefore found dead in their beds. The mechanism of death is most probably due to cardiac arrhythmias precipitated by the disorganized neural (autonomic) discharges of a seizure. Ironically, in majority of cases, as it also occurred in this case, no lesions to explain the etiology of the seizure disorder is found at autopsy.

In summary, this 41 year old hispanic male with history of exposure to high environmental temperatures, died following an episode of seizure - probably related to hyperthermia.

SS /da
 08/05/98

PATRICK ADEGBOYEGA, M.D., PATHOLOGIST
 SALAHUDDIN SYED, M.D.
 08/31/98

(Electronic Signature)

Patient Name: LOPEZ, ANSELMO
 Patient Location: AUTOPSY
 Room/Bed: .
 Printed Date / Time: 09/01/98 - 1352

Page: 3

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §

PLAINTIFFS §

v. §

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS §

CIVIL ACTION NO.
4:14-cv-3253
JURY DEMAND

**PLAINTIFFS' CONSOLIDATED RESPONSE TO DEFENDANTS' MOTIONS
TO STRIKE SUMMARY JUDGMENT EVIDENCE**

Exhibit Q

AFFIDAVIT

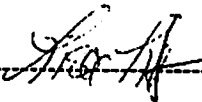
THE STATE OF TEXAS ()
 ()
COUNTY OF WALKER ()

BEFORE ME, the undersigned authority, on this day personally appeared Lisa Lopez, who after being by me duly sworn, deposed and stated as follows:

My name is Lisa Lopez. I am over twenty-one years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated.

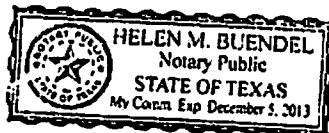
I am employed as the ASSISTANT DIRECTOR HEALTH INFORMATION MANAGEMENT, for the UTMB Managed Care, Texas Department of Criminal Justice, and my office is located in Huntsville, Texas. I do hereby certify that I am the Custodian of Death Records maintained in the regular course of business on each and every inmate who dies while incarcerated in the Texas Department of Criminal Justice-Institutional Division. I have examined the Health Services Archives files pertaining to offender Moore, James TDCJ # 573468, and found that said files contains the requested information, that being the Autopsy report for said offender.


I swear under penalty of perjury that the foregoing is true and correct.
Executed on November 8, 2013




Signature
Lisa Lopez-RHIA-ASSISTANT
Director of Health Information Management
UTMB Managed Care/TDCJ-ID
Huntsville, Texas 77320

SWORN TO AND SUBSCRIBED BEFORE ME on this the day of November 8, 2013, by the said Lisa Lopez, to certify which witnesses my hand and seal of office.




Notary Public in and for the State Texas


Printed Name of Notary Public

Patient Account: 20004582-535
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/30/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 07/30/98 1531
Copies to:

UTM
University of Texas Medical Branch
Galveston, Texas 77555-05
(409) 772-12
Fax (408) 772-564
Pathology Report

573468

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: UNKNOWN
Date/Time of Death: 06:15 07/30/98 Date/Time of Autopsy: 7/30/98 9:45
Pathologist: PENCIL/RAMPY Service: OUTSIDE TDCJ
Restriction: NONE

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Hyperthermia (due to high environmental temperature). A2
A. Lungs: Severe pulmonary edema and hemorrhage (1850 gm). A1
- II. Other findings:
- A. Heart: Hypertrophy (450 gm) with left ventricular hypertrophy and dilatation. A4
- B. Colon: Redundancy (180 cm length, normal 150 cm). A5
- C. Liver: Chronic active hepatitis, hepatitis B surface Ag is negative. A5

CAUSE OF DEATH: Hyperthermia
MANNER OF DEATH: Accident

7/15/98 COPIED
VL MAILED LR
① 11. LUTHERAN
② 100
③ 100

Loz AEG

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental***

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: .
Printed Date/Time: 09/21/98 - 1135

Continued....

Page: 1

Patient Account: 20002532-535
Med. Rec. No.: (0150)8011228
Patient Name: **MOORE, JAMES**
Age: 47 YRS DOB: 11/30/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/30/98 1531
Copies to:

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University of Texas Medical Branch
Galveston, Texas 77555-05
(409) 772-12
Fax (409) 772-56
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

CLINICAL SUMMARY:

The deceased was a 47 year old black male TDCJ inmate with past medical history of hypertension and paranoid schizophrenia. His medications included Haloperidol, cogentin, atenolol, hydrochlorothiazide. The subject was known to have an acute syncopal-like episode on 07/25/98 with a coincident fever of 104.1. He was treated for hyperthermia/dehydration with ice and IV saline and keflex in case of an infectious component. The temperature then fell from 104 to 101 F. For the few days immediately following this episode, he continued to maintain low grade fever and was treated with an additional antibiotics for rhinopharyngitis. On 07/30/98 at 0610, the patient was found supine on the floor of his cell unresponsive without pulse or respirations and with rigor. The temperature in the cell at the time he was found was in the 80's F. He was pronounced dead at 0615. An autopsy was performed 28 hours later.

SP /EJ
08/17/98

Patient Name: **MOORE, JAMES**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 09/21/98 - 1135

Patient Account: 20002582-515
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/30/98 1531
Copies to:

UTME
University of Texas Medical Branch
Galveston, Texas 77555-054
(409) 772-123
Fax (409) 772-568
Pathology Report

FINAL AUTOPSY REPORT
Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00283

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a 47 year old well-nourished, well-developed, black male, measuring 193 cm in length, and weighing approximately 80 kg. There is rigor mortis present in the upper and lower extremities. The head is normocephalic with normal male pattern alopecia distribution of short black with little gray scalp hair as well as a very short black with gray beard. The irides are brown with equal pupils measuring 4 mm in diameter. The nares are patent without exudate. Buccal membranes are pale with no lesions. There is male pattern hair distribution. The chest does not have increased anterior-posterior diameter. The abdomen is flat. Lymph node enlargement is not palpable in the supraclavicular, axillary, or inguinal regions. The extremities are unremarkable, without edema. The genitalia are those of a normal male.

Incisions/Wounds/Scars

- A. Chest, anterior, left, costal margin, mid-clavicular line, a small (1 x 1 cm) patch of hyperpigmentation.
- B. Skin, dry, especially bilateral lower extremities have evidence of desquamation.
- C. Eyes, bilateral, conjunctivae, bulbar, few petechiae.

INTERNAL EXAMINATION: The body is opened using a standard Y-shaped incision and reveals a 4 cm thick panniculus, and the thoracic and abdominal organs in the normal anatomic positions, with exception of a redundant length of colon situated anteriorly without evidence of infarct or other lesion. The pleural cavities are free from fluid. There are not pleural adhesions on either side. The pericardial sac is free from fluid. There are no rib fractures. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid. There are no adhesions between loops of bowel.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 450 gm with normal shape and appearance. The pericardium is smooth glistening with normal color and texture. Fresh sections stained with triphenyl tetrazolium chloride (TTC) show no apparent lesions. The remaining myocardium is homogeneous red-brown with no lesions. The endocardium is yellow-tan and smooth. The left ventricular wall is 1.5 cm thick at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm, pulmonic valve 8.3 cm, mitral valve 10.8 cm, and aortic valve 7.6 cm. The foramen ovale is closed.

Blood Vessels: The coronary circulation is right dominant. The apex is supplied by the anterior descending coronary artery. The coronary arteries reveal very mild atherosclerotic plaques with less than 20% stenosis of the

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/21/98 - 1135

Continued....

Page: 3

Patient Account: 20002582-535
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 07/30/98 1531
Copies to:

UTM!
University of Texas Medical Branch
Galveston, Texas 77555-05
(409) 772-12
Fax (409) 772-561
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

GROSS DESCRIPTION:

right and left coronary arteries across their extent. The aorta exhibits very mild degree of atherosclerotic changes located within the abdominal portion. The superior and inferior vena cavae and their branches are normal in configuration without external compression and are not distended with blood.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is tan-pink and the vocal cords are unremarkable. The tracheal mucosa is yellow-tan.

Lungs: The combined weight of the lungs is 1850 gm (normal male 435 gm right and 385 gm left). Patchy, geographic pattern of dark red to brown observed grossly in situ bilaterally. The pleural surfaces are smooth with no adhesions. Both lungs were examined fresh before sectioning. Hilar dissection reveals the bronchial and pulmonary trees to be of normal configuration and without lesions. The hilar nodes are unremarkable. The lung parenchyma is frankly hemorrhagic throughout, crepitant to palpation, with no evidence of consolidation.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan-pink. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is removed and shows a finely granular surface with no coating or lesions.

Stomach and Duodenum: The stomach contains 100 ml of chyme which is tan, viscous, with foodstuff. The wall displays normal rugae and the mucosa is tan and without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions.

Pancreas: The pancreas has a normal conformation of head, and tail. It is tan-yellow, lobulated and soft. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary Tract: The gallbladder is present. The gallbladder serosa is grey-green and glistening. The gallbladder contains 10 ml of viscous greenish bile without stones. The mucosa is green, velvety and measures up to 2 mm in thickness and is unremarkable. The cystic duct, hepatic duct, and common duct are patent.

Liver: The liver weighs 1350 gm. Glisson's capsule is tan-gray and glistening. The cut surface has a homogeneous lobular pattern and cuts with ease. The surface is smooth and displays normal architecture.

Small Bowel: The serosa is smooth with no adhesions. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

Large Bowel: The serosa is smooth, tan, and glistening. No diverticula were present. The appendix is present and is not obstructed. A redundancy of the large bowel, sigmoid region, results in a total length of 180 cm (normal 150 cm) without adhesions, infarcts, or other lesions.

Rectum and Anus: No lesions are noted and no abnormalities of the anal opening are present.

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: -
Printed Date/Time: 09/21/98 - 1135

Page:

Continued....

Patient Account: 20002582-535
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/30/98 1531
Copies to:

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University of Texas Medical Branch
Galveston, Texas 77555-05
(409) 772-12
Fax (409) 772-56
Pathology Repo

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-98-00263

GROSS DESCRIPTION:

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 150 gm, and the capsule is gray-blue and translucent without capsular fibrosis. The spleen is semi-liquid and the cut surface oozes blood. The parenchyma is blue-red with unapparent white pulp. Granulomas are not present.

Lymph Nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 140 gm, and the left 120 gm. The capsules strip with ease to reveal red smooth cortical surfaces. The cut surface of the kidneys reveal well-demarcated cortico-medullary junctions. The renal pelvic mucosa is otherwise yellow-tan and smooth without lesions.

Ureters: The ureters are unobstructed with a tan, smooth glistening mucosa. No periurethral fibrosis is noted. The distal ureters are probe patent into the bladder.

Bladder: The bladder is not dilated, and contains less than 30 ml of urine. The mucosa is white-tan, smooth and glistening without evidence of trabeculation.

Prostate: The prostate is white and firm. The cut surface reveals normal, granular surface without distinct architecture.

Testes: The right testis weighs 23 gm, and the left 21 gm. The tunica albuginea is tan-white and glistening.

ENDOCRINE SYSTEM: Adrenals: The right adrenal weighs 15.2 gm, and the left 11.7 gm. The adrenals have a normal position. Cut surface reveals firm golden yellow-brown cortices, with gray soft medullae without lesions.

BRAIN: The brain weighs 1350 gm. External examination following removal of the dural surface reveals a subdural, right mesioparietal hemorrhage (30 ml). Underlying superficial vein displays a small (5 mm) disruption of the superior wall that is most probably artifactual. The gyri and sulci display a normal age-appropriate pattern. The circle of Willis, basilar and vertebral arteries show no evidence of atherosclerosis. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report). No indentation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted.

BAR/AV
08/11/98

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 09/21/98 - 1135

Page: 1

Continued....

Patient Account: 20002582-515
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/30/98 1531
Copies to:

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University of Texas Medical Branch
Galveston, Texas 77555-01
(409) 772-1111
Fax (409) 772-5611
Pathology Repo

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

MICROSCOPIC DESCRIPTION:

HEART, LEFT VENTRICLE, Slide 1, 12 13 and 14 (4 H&E): There is diffuse individual myocyte hypertrophy with associated enlarged nuclei. No other pathologic change.

LUNGS, Slide 2, 3 and 11 (2 H&E, 1 Gram): There is severe pulmonary interstitial congestion and hemorrhage with associated proteinaceous edema which fills much of the alveolar spaces. Scarce bacterial colonization.

LIVER, Slide 4 (1 H&E, 1 Masson, 1 HBsAg): Bridging fibrosis as shown by Masson stain. Significant perivascular lymphocytic aggregates. Chronic, active hepatitis. HBsAG stain is negative.

KIDNEYS, Slide 5 and 6 (1 H&E, 1 PAS): Bilateral, diffuse congestion. Interstitial chronic inflammation. Occasional sclerotic glomeruli.

SPLEEN, Slide 7 (1 H&E): Diffusely congested.

ADRENAL GLAND, Slide 8 (1 H&E): No pathologic change.

ESOPHAGUS, Slide 9 (1 H&E): No pathologic change.

COLON, Slide 9 (1 H&E): Poor mucosal preservation.

SKELETAL MUSCLE, Slide 10 (1 H&E): No pathologic change.

BAR/EJ
08/27/98

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/21/98 - 1135

Continued....

Page: 6

Patient Account: 200025a2-535
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/30/98 1531
Copies to:

UTME
University of Texas Medical Branch
Galveston, Texas 77555-0542
(409) 772-1236
Fax (409) 772-5683
Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-98-00263

CLINICAL HISTORY:

The deceased was 47-year-old male with a history of hypertension and schizophrenia.

Date/Time of Death: 07/30/98 06:15 Date/Time of Autopsy: 07/30/98 09:45
Pathologist: Pencil

GROSS DESCRIPTION:

Brain, spinal cord, dura mater and pituitary gland are presented. There is focal atherosclerotic plaque formation and some slight dilation of the basilar artery. No territorial infarcts are present. When sliced there are no abnormalities in the cerebrum, cerebellum, brainstem or spinal cord. Dura mater is not remarkable.

DICTATED BY: BENJAMIN B. GELMAN, M.D., PATHOLOGIST
08/18/98

SECTIONS TAKEN:

N1) Pituitary, N2) Left hippocampus, N3) Left Area 8, N4) Cerebellum

FINAL DIAGNOSES:

Brain:

1. History of heatstroke.
2. Focal atherosclerosis.

Spinal Cord: No abnormalities.

Pituitary gland: No abnormalities.

BENJAMIN B. GELMAN, M.D., PATHOLOGIST
Division of Neuropathology
(Electronic Signature).

Gross: 08/18/98
Final: 08/21/98

Patient Name: MOORE, JAMES
Patient Location: AUTOPSY
Room/Bed: .
Printed Date / Time: 09/21/98 - 1140

Page: 1

END OF REPORT

Patient Account: 20002582-535
 Med. Rec. No.: (0150)9011228
 Patient Name: MOORE, JAMES
 Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
 Admitting Dr.:
 Attending Dr.: OUTSIDE TDCJ
 Date of Time Admitted: 07/30/98 1531
 Copies to:

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University of Texas Medical Branch
 Galveston, Texas 77555-054
 (409) 772-123
 Fax (409) 772-568
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

CLINICOPATHOLOGIC CORRELATION:

For the several days prior to his demise, the decedent was under medical care for the treatment of an acute febrile illness. Records indicate that the febrile episode was refractory or at least recurrent for this duration and may have been complicated by alterations in mental status. The subject also had a past history of treated hypertension and a medically managed psychiatric illness. There is no indication of the environmental temperature within the prison during the daytime hours, yet in the death note there is mention of ambient temperature of in the 80's around 0600. No perimortem body temperatures were obtained as suggested by medical records. The most striking gross and microscopic discovery of the postmortem examination was the profound diffusely edematous and hemorrhagic lungs. Whereas this feature in isolation is nonspecific and may be associated with a number of etiologies, it is representative of the hemorrhagic presentation observed frequently with heatstroke. Further, there was no infectious or clear cardiovascular explanation of this pulmonary edema, other than the history of hyperthermia. At the exclusion of other sources of mortality, the circumstances pertaining to the death of this subject suggest the cause of death is pulmonary edema and that the nature of the edema is considered heat-related.

The National Association of Medical Examiners Ad Hoc Committee on the Definition of Heat-Related Fatalities has advanced the definition of "heat-related death" as: a death in which exposure to high ambient temperature either caused the death or significantly contributed to it. Moreover, the committee suggests that the diagnosis of heat-related death be found upon a history of exposure to high ambient temperature as well as the coincident exclusion of other causes of hyperthermia. To determine the diagnosis, contributing factors may include the circumstances surrounding the death, information pertaining to environmental temperature, and the antemortem body temperature at the time of collapse. For instances in which the antemortem body temperature at collapse was greater than or equal to 105 degrees Fahrenheit, heat stroke or hyperthermia should be designated as the cause of death. Further, for instances which exhibit lower body temperatures, determinations of death by heat stroke or hyperthermia may apply with convergent indications of mental status changes and elevated liver and muscle enzymes. It is advised that for such cases where the environmental temperature is high and antemortem body temperature cannot be established, an appropriate heat-related diagnosis should be listed as the cause of death or as a significant contributing condition.

Diagnosis of heat-related death for those individuals who are found dead is even more of a challenge than outlined above. Heat-related factors should be considered for deaths in which mortality is associated with exposure to high levels of heat. At autopsy, gross findings are nonspecific yet may include petechial or larger hemorrhages over the body surface, petechial hemorrhages

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 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date/Time: 09/21/98 - 1135

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Patient Account: 20002582-535
Med. Rec. No.: (0150)9011228
Patient Name: MOORE, JAMES
Age: 47 YRS DOB: 11/20/50 Sex: M Race: B
Admitting Dr.:
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 07/10/98 1531
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-98-00263

CLINICOPATHOLOGIC CORRELATION:

upon lung surfaces, as well as pulmonary or cerebral edema. Coagulopathy and widespread hemorrhagic manifestations are routine finding for subjects victim of heatstroke. Whereas the underlying mechanism for this derangement of hemostasis is not yet fully understood, it is believed to have a multifactorial basis.

BAR/EJ
08/27/98

SCOT D. PENCIL, M.D., PATHOLOGIST
SCOT D. PENCIL, M.D., PATHOLOGIST
09/21/98

(Electronic Signature)

Patient Name: MOORE, JAMES
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